

<b>INFORMATION MANAGEMENT REQUIREMENT/PROJECT DOCUMENT</b> <small>For use of this form, see AR 25-1; the proponent agency is ODISC4</small>				<b>REQUIREMENTS CONTROL SYMBOL CSIM-46</b>	
1. FY	2. MACOM/FOA	3. CURRENT DATE (YYYYMMDD)	4. DATE REQUIRED (YYYYMMDD)		
5a. UNIT NAME AND ADDRESS		6. RS NUMBER	7. RS TITLE		
		8. PROJECT NO	9. TDA/UIC NO		
		10. REQUIREMENT <i>(Check One)</i> <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXPANSION			
5b. E-MAIL ADDRESS		11. ID NO		12. TYPE	
5b. DODAAC		13. PRIORITY			
14. POC NAME AND ADDRESS		15a. TELEPHONE NUMBER <i>(Commercial/DSN)</i>		a. INSTALLATION	b. MACOM
14a. E-MAIL ADDRESS		15b. FAX NO.		16. LOCATION OF EQUIPMENT	
17. IMA DISCIPLINE AND MAJOR PROGRAM INVOLVED a. <input type="checkbox"/> AUTOMATION <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> PUBLISHING <input type="checkbox"/> VISUAL INFORMATION <input type="checkbox"/> RECORDS MANAGEMENT <input type="checkbox"/> LIBRARIES b. MAJOR PROGRAM:		18. SHORT TITLE OF REQUIREMENT/PROJECT			
19. AMOUNT OF FUNDS <i>(Enter figure in appropriate box(es))</i>		OMA	OPA	MCA	RDT&E
a. Nonrecurring/one-time costs					
b. Annual recurring/operating/support costs					
c. Number of years needed					
d. TOTAL DOLLARS REQUIRED					
20. SECURITY REQUIREMENTS					
21. SPECIFIC SERVICE REQUIREMENT(s)					
22. DESCRIPTION OF EQUIPMENT AND NUMBER UNITS REQUIRED <i>(If more space is needed, attach sheet with item number indicated.)</i>					
23. FUNCTION TO BE PERFORMED <i>(If more space is needed, attach sheet with item number indicated.)</i>					
24. INTEROPERABILITY REQUIRED <i>(If more space is needed, attach sheet with item number indicated.)</i>					

25. MISSION/PROJECTED SUPPORTED *(If more space is needed, attach sheet with item number indicated.)*

26. PROJECTED UTILIZATION FACTORS *(If more space is needed, attach sheet with item number indicated.)*

27. COST SAVINGS/AVOIDANCE *(If more space is needed, attach sheet with item number indicated.)*

28. MAINTENANCE ☐ a. IN-HOUSE ☐ b. INTERSERVICE SUPPORT AGREEMENT *(Specify)*

c. ANNUAL COST	d. CONTRACT NUMBER	e. OTHER MAINTENANCE SOURCE <i>(Specify)</i>
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29. IMPACT IF NOT RECEIVED/ADVANTAGES *(If more space is needed, attach sheet with item number indicated.)*

30. ITEMS TO BE REPLACED/DISPOSED OF

a. EQUIPMENT DESCRIPTION

b. CONDITION

c. MANUFACTURER/MODEL/SERIAL NO

31. APPROVING AUTHORITY

a. TYPED NAME, GRADE OR TITLE

b. TELEPHONE  
*(Comm/DSN)*

c. SIGNATURE